


Name in Full		Jeremiah Castiel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Kendal</i> <small>Town</small>			<i>Garrett</i> <small>County</small>		MARYLAND	
	Date of death <i>1905</i> <small>Month</small> <i>Apr</i> <small>Day</small> <i>2</i>		Age <i>41</i> <small>Years</small>		<i>1</i> <small>Months</small> <i>21</i> <small>Days</small>		
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
	Occupation <i>Laberer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Martha A. Castiel</i>				
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <i>Martha A. Castiel</i>		How related to deceased <i>wife</i>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Typhoid Pneumonia</i>			How long <i>2 months</i>			
	Immediate <i>Recapse</i>			How long <i>12 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. H. Mason MD</i>			
				Address <i>Friendville MD</i>			
Accident or Suicide? <i></i>							



Name  
in  
Full

## CERTIFICATE OF DEATH

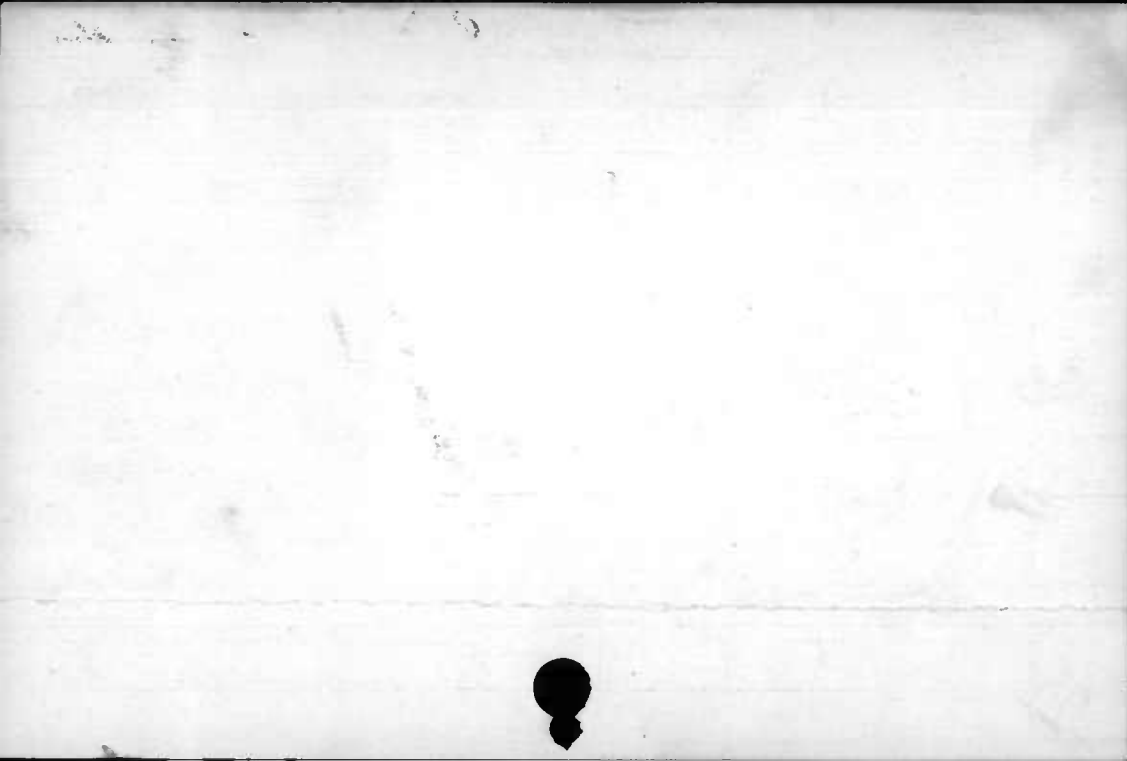
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Nancy Ann</i>		Town <i>Derwith</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Sang Run</i>							
Date of death <i>1905</i>		Month <i>Apr</i>		Day <i>9</i>		Age <i>76</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>N. V. a.</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>Henry Derwith</i>		Father's Birthplace <i>dont know</i>					
Mother's Maiden Name <i>Elizabeth</i>		Mother's Birthplace					
Name of person giving information <i>Matthew Derwith</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Strangulated Hernia</i>		How long <i>30 Days</i>	
Immediate <i>Sloughing of part</i>		How long <i>12 Days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>McAnabney</i>	
		Address <i>Corleoud Md</i>	
Accident or Suicide?			



Name  
in  
Full

*Siman Doubly Dewitt*

CERTIFICATE OF DEATH

Died *near* *Long Run* Town

*Garrett* County

MARYLAND

Date of death *1905 Apr*

Day *1*

Age *6*

Months

Days

Sex *Male*

Color or Race *white*

Birth-place *Maryland*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name

*Black Dewitt*

Father's Birthplace

*MD*

Mother's Maiden Name

*Sarah E Birch*

Mother's Birthplace

*MD*

Name of person giving information

*Sarah E. Dewitt*

How related to deceased

*Mother*

CAUSES OF DEATH

Primary

*Lagrip*

How long

*30 days*

Immediate

*Pneumonia*

How long

*one week*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*S. Savage Undertaker*

Address

*Greenodenville MD*

Accident or Suicide?

*no physician attending*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

*Mary*  
 Died at *Deer Park* *Garrett* County MARYLAND

Date 1903- *April 17* Month Day Y. M. D. Native of Occupation  
*Male* *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

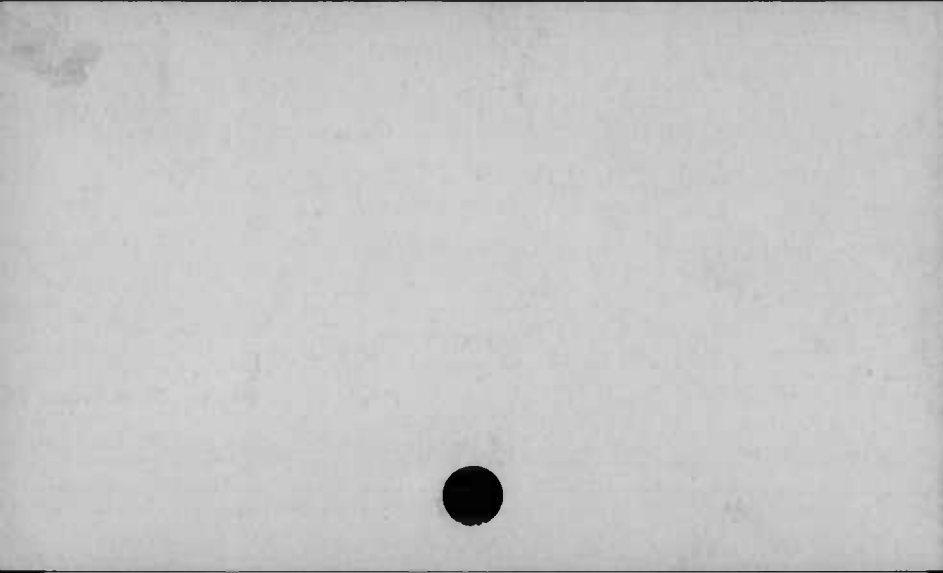
Husband of \_\_\_\_\_  
 Wife

Father's Name *Joseph Fay* Mother's Name *Anne Hart*  
 Maiden Name

Cause of Death { Primary *Convulsions* Immediate *convulsions* }  
 How long sick *24 hours* *71* ✓  
 Accident, Suicide, Homicide

Reported by *George L. Lininger*  
 Address *Deer Park, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

David Fike

## CERTIFICATE OF DEATH

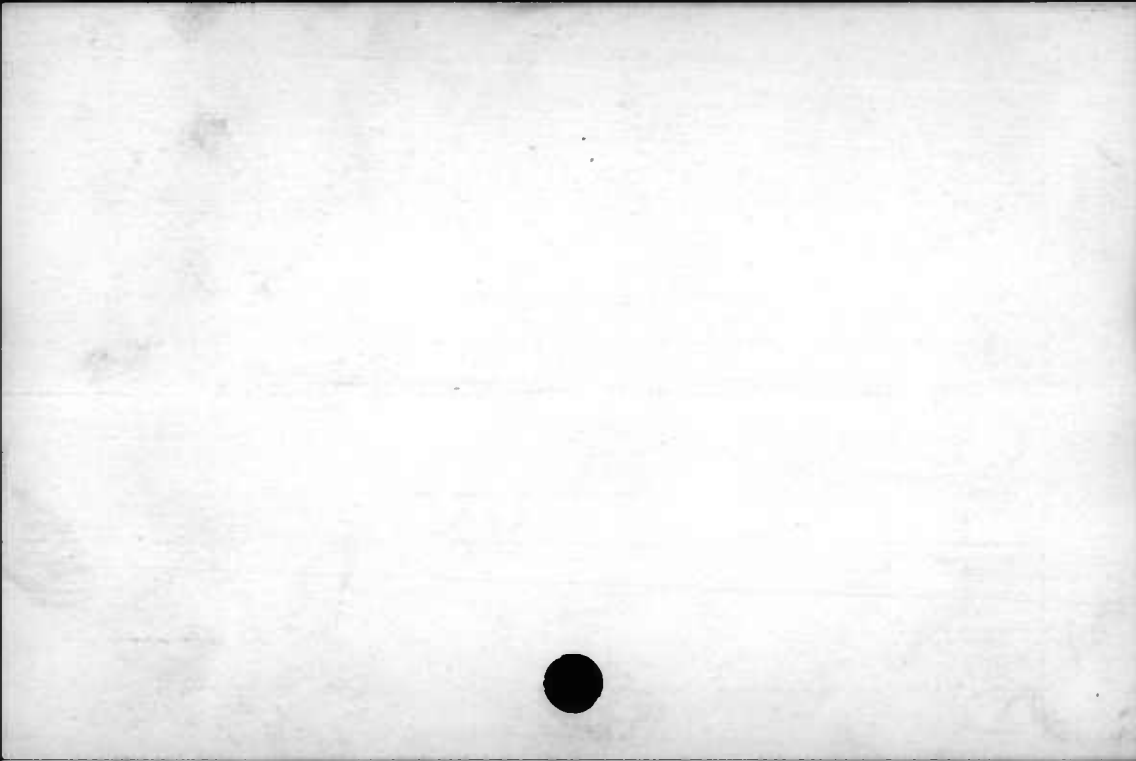
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sunnyvale</u> <small>Town</small>		<u>Garrett</u> <small>County</small>		MARYLAND	
Date of death <u>190</u>	<u>April</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>82</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>22</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Co Pa</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Elizabeth Fike</u>				
Father's Name <u>Peter Fike</u>	Father's Birthplace				
Mother's Maiden Name <u>Lena Fike</u>	Mother's Birthplace				
Name of person giving information <u>Marsellis S Wolfe</u>	How related to deceased <u>Son-in-law</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Debility</u>	How long <u>Two months</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>So far as known</u>	Signature of Physician <u>J Gilbert Selby</u>
	Address <u>Egmont W Va</u>
Accident or Suicide? <u>8</u>	



Name  
in  
Full

Isabell Tirayee

## CERTIFICATE OF DEATH

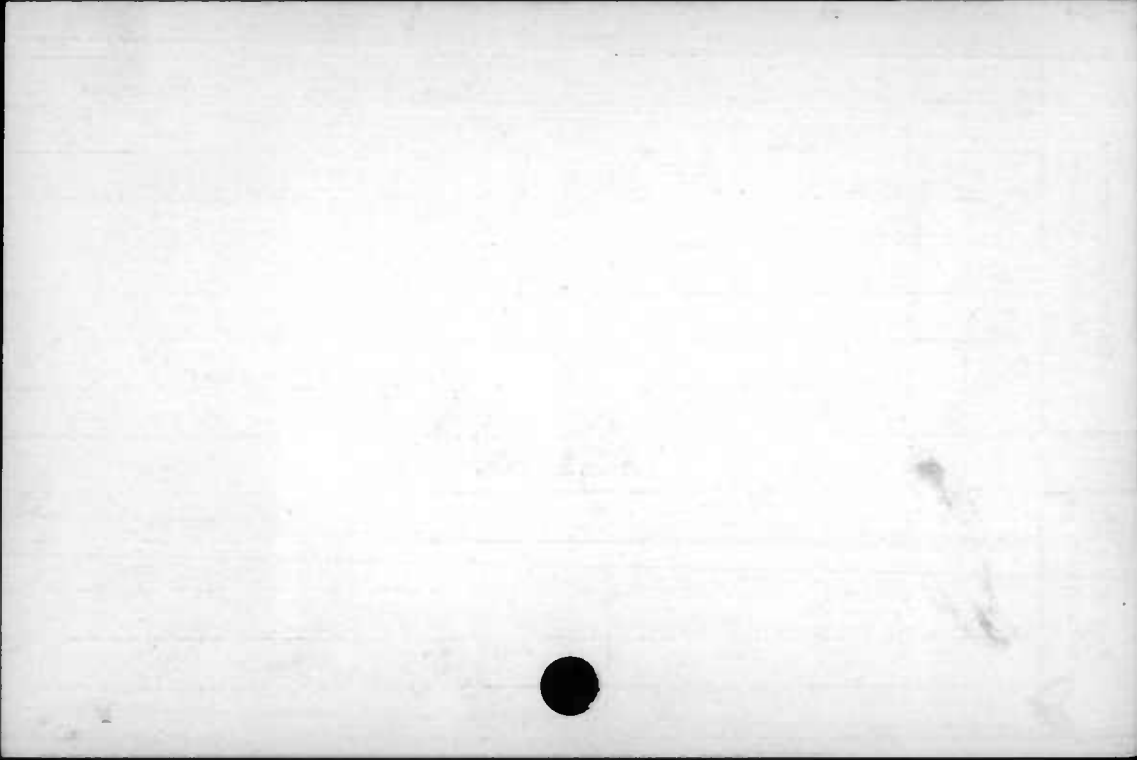
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Selbyspout</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Apr</i>	Day <i>1</i>	Age <i>26</i>	Months <i>7</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Wm. W. Tirayee</i>				
Father's Name <i>Wm. Welch</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Margaret Thomas</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Margret Welch</i>	How related to deceased <i>mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 wks</i>
Immediate <i>Confinement</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Mason</i>
	Address <i>Friendsville Ind.</i>
Accident or Suicide? <i>2</i>	



Name  
in  
Full

Annir Fresh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Engles Mill* <sup>Town</sup>*Garret Co* <sup>County</sup>Date <sup>of</sup> death *1905 April**3* <sup>Day</sup> *in*Age *10* <sup>Years</sup> *yr*

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Engle Mill*

Occupation

*Child*Where Residing if not  
at place of death*Home*Married, Single  
or Widowed*11*Name of Wife or  
HusbandFather's  
Name*Darice Fresh*Father's  
Birthplace*Keyser Md*Mother's  
Maiden Name*Lucinda Battinger*Mother's  
Birthplace*Devon Md*Name of person giving  
In formation*John J Miller*How related  
to deceased*Niece*

## CAUSES OF DEATH

Primary

*Arthritis*

How long

*2 yrs*

Immediate

*Posterior myelitis*

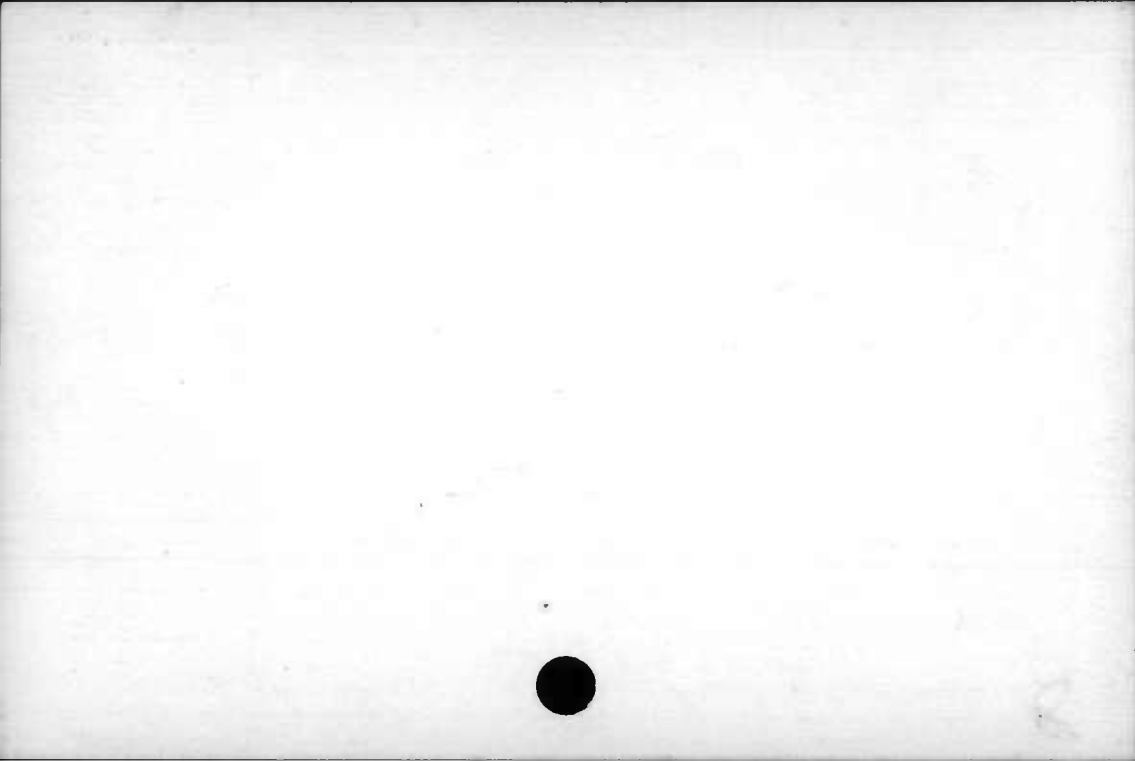
How long

*1 yr*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*H B Linaugh*

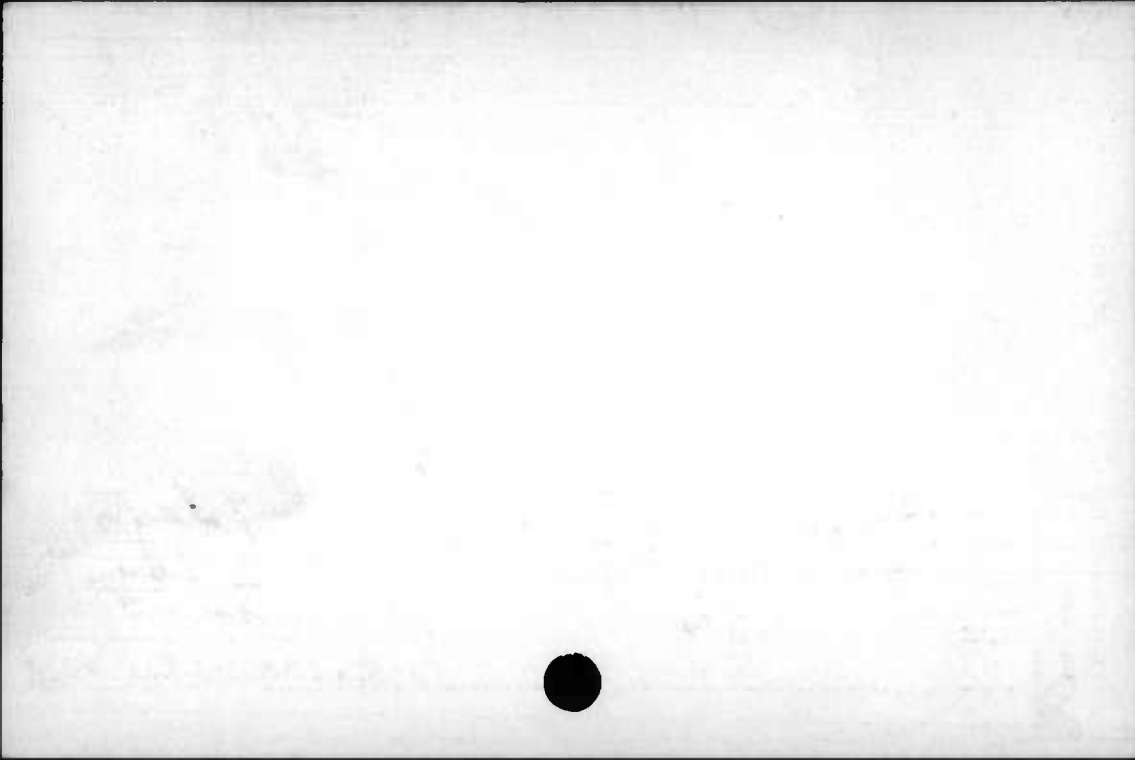
Address

*Granville Md*

Accident or Suicide?



Name in Full		Infant				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Friendsville		Garrett		MARYLAND	
	Date of death 190	Month	Day	Age	Years	Months	Days
		5 April	26				1
	Sex	girl		Color or Race	white		
	Married, Single or Widowed			Birth-place	Garrett co. Md		
	Name of Wife or Husband						
	Father's Name	Oscar Friend			Father's Birthplace	Garrett co. Md	
Mother's Maiden Name	Mary Rodaheaver			Mother's Birthplace	N. Va		
Name of person giving information	Oscar Friend			How related to deceased	father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Spasms			How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	M. E. Gager Undertaker	
					Address	Friendsville Md	
Accident or Suicide?							





Name  
in  
Full

Nettie Gibbs

## CERTIFICATE OF DEATH

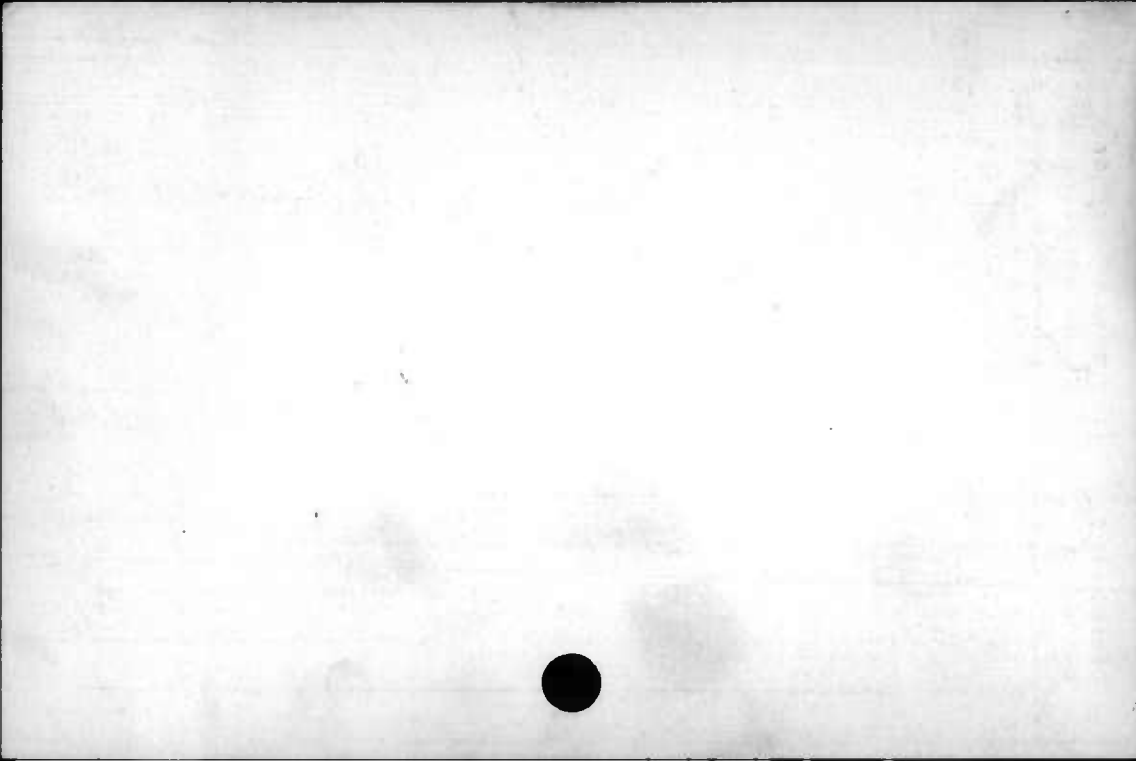
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Friendsville		County Garrett		MARYLAND	
Date of death 1905	Month April	Day 24th	Age 18	Months 1	Days 10		
Sex Female	Color or Race White		Birth- place Garrett Co. Md				
Married, Single or Widowed Single		Occupation house keeper					
Name of Wife or Husband							
Father's Name Allen Gibbs				Father's Birthplace Md			
Mother's Maiden Name Vansickel				Mother's Birthplace "			
Name of person giving in formation Allen Gibbs				How related to deceased Father			

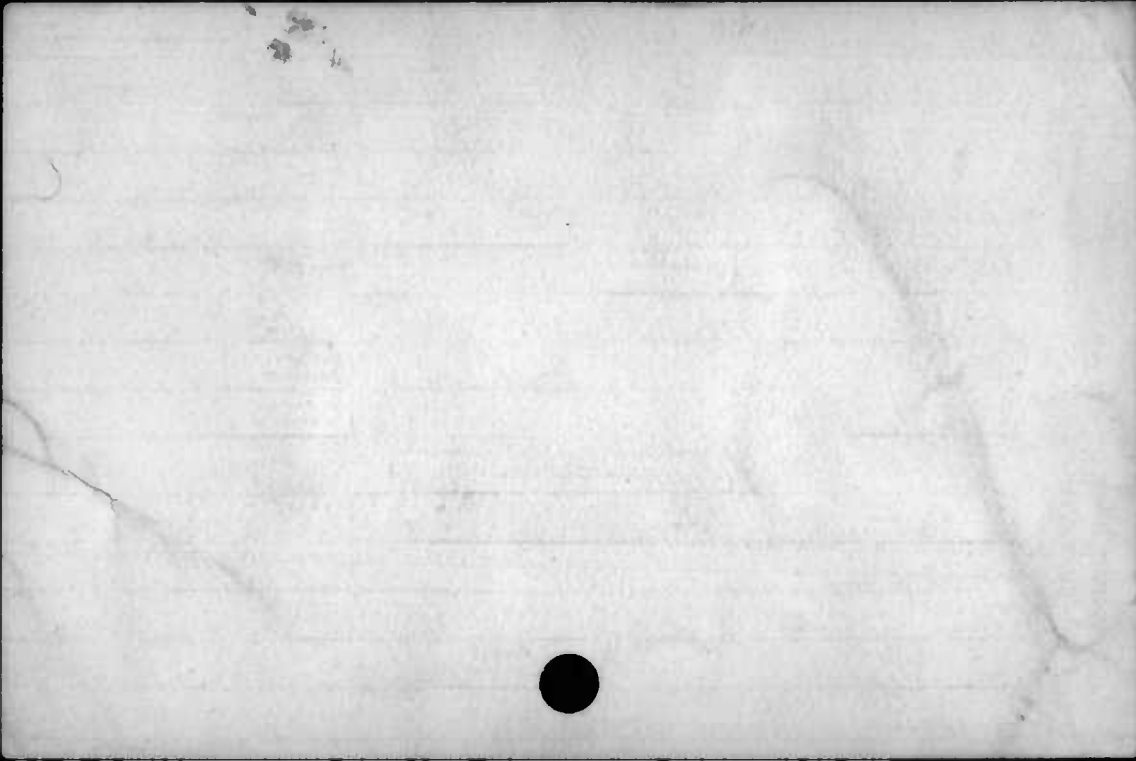
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate	Miscarriage	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. J. Mason	
Yes		Address Friendsville Md	
Accident or Suicide?			



Name in Full		Tabrick Hollan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>1310 RR</i> <i>in Court House</i>		County <i>Gerritt</i>		MARYLAND	
	Date of death	<i>1905</i>	Month <i>4</i>	Day <i>14</i>	Age <i>55</i>	Years <i>about</i>	Months <i>—</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place
	Occupation	<i>none</i>		Where Residing if not at place of death	<i>Near Swanton, Md.</i>		
	Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Budget Holland</i>		
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	<i>Thos. McLea</i>				How related to deceased	<i>2nd cousin</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Weak minded</i>				How long	<i>8 or 10 years</i>
	Immediate	<i>Killed on B &amp; O R. R. by train</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?						
	at <i>Piedmont</i> <i>Apr. 13-1905</i>				Physician	Address <i>W. H. Fredlock, Surg. &amp; Dr.</i> <i>THE E. J. FREDLOCK MFG. &amp; SUP. CO.</i>	
	Accident or Suicide? <i>Accident</i>				<b>PIEDMONT, W.VA.</b>		



Name  
in  
Full

Hannah Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *near Deer Park*

Town

*Barrett*

County

MARYLAND

Date  
of death *1905*

Month

*April*

Day

*24*

Age

Years

Months

Days

Sex *Female*Color or  
Race*white*Birth-  
place

Occupation

Where Residing if not  
at place of death☒ Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*five days*

Immediate

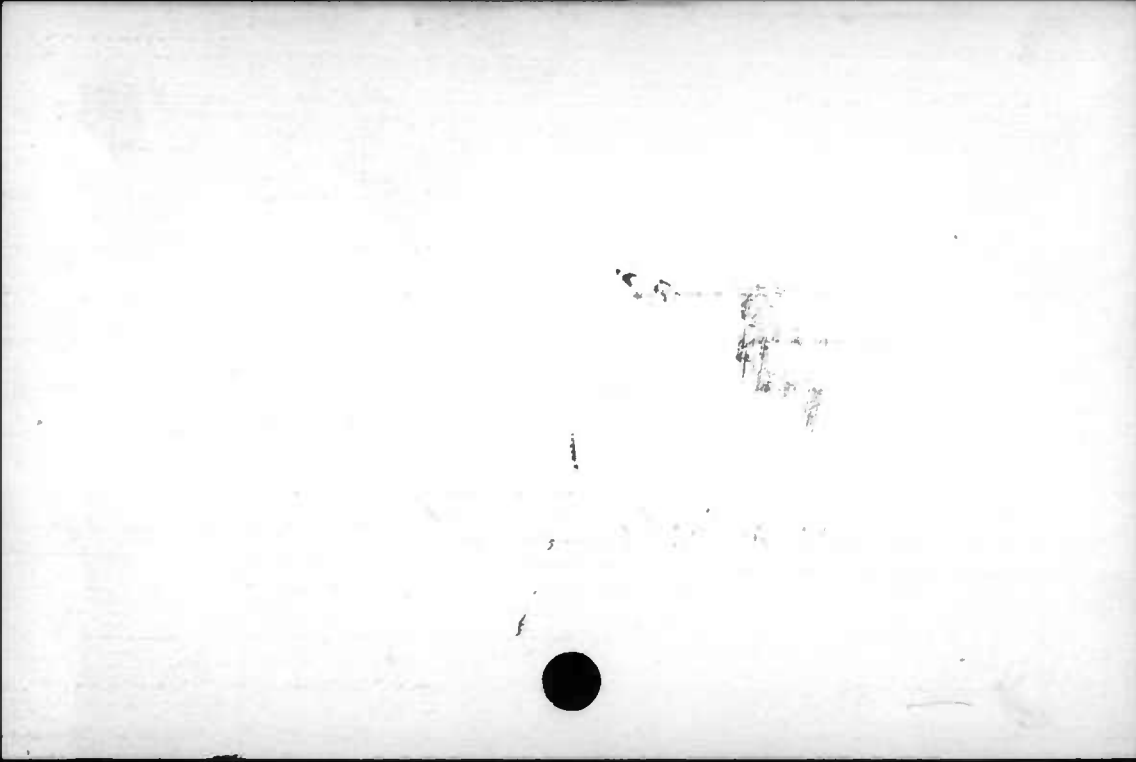
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*J. W. Langhein*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

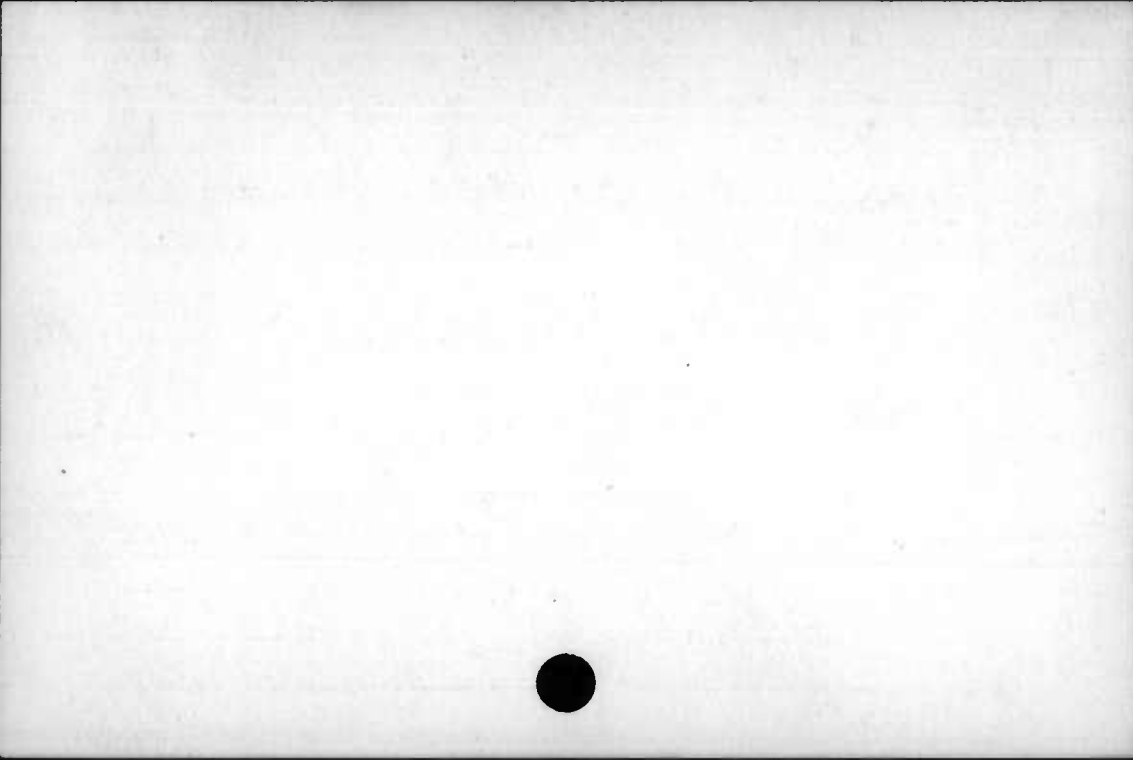
TO BE ANSWERED BY  
NEAREST FRIEND

Infant Child, No name				County		TOWN	
Died at		Fearer		Esarret		MARYLAND	
Date of death 1905		Month April		Day 10th		Age Years Months Days 2	
Sex Male		Color or Race White		Birth-place Fearer			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Freeman Savage				Father's Birthplace Fearer Md			
Mother's Maiden Name Sevilla Glover				Mother's Birthplace Hazeton N. Va			
Name of person giving information Charles Hoff				How related to deceased none			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		<input checked="" type="checkbox"/>		How long	
Immediate Spasms				How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M. E. Frazer undertaker			
		Address Friendsville Maryland			
Accident or Suicide?					





Name  
in  
Full

CERTIFICATE OF DEATH

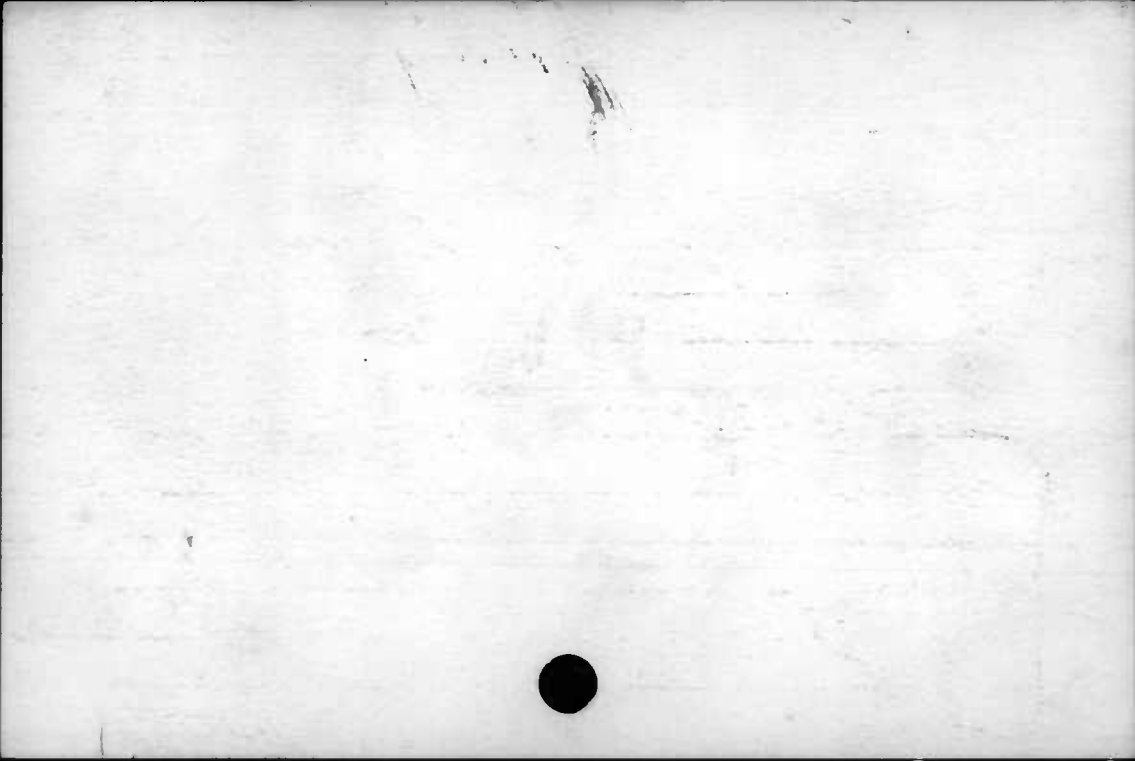
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Alfred Welberer</i>		Town <i>near Thayersville</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>near Thayersville</i>		Date of death <i>1905 April 9</i>		Age <i>47</i>		Months <i>7</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Ind</i>		Days <i>11</i>	
Occupation <i>Tanner</i>				Where Residing if not at place of death <i>Thayersville</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Married</i>					
Father's Name <i>Alfred Welberer</i>				Father's Birthplace			
Mother's Maiden Name <i>J. J.</i>				Mother's Birthplace			
Name of person giving information <i>Mrs John O. Thayer</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>rephritis</i>		How long <i>170</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. J. Swauden</i>	
		Address <i>Swauden Ind</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belbysport</i>		Town <i>Belbysport</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Apr</i>	Day <i>28</i>	Age <i>4</i>	Years <i>4</i>	Months <i>4</i>	Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Isaac N Welch</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Helena A Arayee</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Wm H Arayee</i>				How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 months</i>
Immediate <i>Pleuronitis</i>	How long <i>5 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Masson M.D.</i>
	Address <i>Fogendsville Ind.</i>
Accident or Suicide? <del>Yes</del>	

